I hereby certify that, on the date indicated above I deposited this paper or fee with the U.S. Postal Service & that it was addressed for delivery to the Assistant Commissioner for Patents, Washington, DC 20231 by "Express -Mail Lost office to

Addressee" service

Name (Print)

Signature

PLEASE CHARGE ANY DEFICIENCY UP TO \$300.00 OR CREDIT ANY EXCESS IN THE FEES DUE WITH THIS DOCUMENT TO OUR DEPOSIT ACCOUNT NO. 04-0100



DARBY & DARBY P.C.

805 Third Avenue New York, New York 10022 212-527-7700

Docket No: 6727/0H608

Box PATENT APPLICATION
Assistant Commissioner for Patents
Washington, DC 20231

Sir:

Enclosed please find an application for United States patent as identified below:

Inventor/s (name ALL inventors):

Simona COHEN

<u>Title</u>: FACSIMILE TRANSMISSION OVER PACKET NETWORKS WITH DELIVERY NOTIFICATION

including the items indicated: /

- 1. Specification and 40 claims: 6 indep.; 34 dep.; 0 multiple dep.
- 2. [X] Executed declaration and power of attorney [] Unexecuted declaration and power of attorney
- 3. [X] Formal drawings, <u>6</u> sheets (Figs. 1-6) [] Informal drawings, <u>sheets</u> (Figs.)

- 4. [X] Assignment for recording to: INTERNATIONAL BUSINESS MACHINES CORPORATION
- 5. [] Verified Statement Claiming Small Entity Status
- 6. [X] Check in amount of \$1,324.00, (\$1,284.00) filing; \$40.00 recording)
 (See attached Fee Computation Sheet)
- 7. [X] Associate Power of Attorney to Manny Schechter.
- 8. [X] Information Disclosure Statement.

Priority is claimed for this application, corresponding application/s having been filed as follows:

Country:

NONE

Number:

Date:

The priority documents

[] are enclosed

[] will follow.

Respectfully submitted,

Dated: August 31, 2000

S. Peter Ludwig Reg. No. 25,351

Attorney for Applicant(s)

DARBY & DARBY P.C. 805 Third Avenue New York, New York 10022 212-527-7700

Docket No.: 6727/0H608

PATENT FEE COMPUTATION SHEET

	No. of Claims Presented	Extra Claims Previously Paid For	Number of Extra Claims	Rate
Basic Fee				\$690.00
Total Claims	40 - 20	0	20 x \$18.00	\$360.00
Independent Claims	6 - 3	0	3 x \$78.00	\$234.00
Multiple Depender	nt Claims	- if so, add	\$260.00	\$0.00
្រី Surcharge for lat ប្រែ	ce submission of fil	ing fee and/or decla	aration (\$130.00)	\$0.00
⊭ SUBTOTAL H				\$1,284.00
Small Entity REDUCTION (Half of Subtotal)				\$0.00
Hee for recordation of assignment (\$40.00)				\$40.00
Charge for filing non-English language application (\$130.00)				\$0.00
TOTAL				\$1,324.00